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## BUSINESSOWNERS POLICY

*Mutual Company  
Participating  
Nonassessable Policy*

FEDERATED MUTUAL  
INSURANCE COMPANY  
P.O. BOX 328  
Owatonna, MN 56068  
Phone: (507) 455-5200



Policy No. 0025829

Account No. 242 486 8

### NAMED INSURED AND MAILING ADDRESS

JOHNS POWER EQUIPMENT  
\*JOHN FREDERICKS DBA  
215 ROUTE 6  
MILFORD PA 18337

**POLICY PERIOD:** from 10-01-2005 to 10-01-2006 12:01 A.M. Standard time at the designated business premises

**Business Operations:** ☒ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other \_\_\_\_\_

☒ Loss Payable Clause ☐ Mortgage Holders Interest Certificate ☐ Contract of Sale Clause Certificate

**IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THE POLICY.**

### Policy Provisions Part 1

**MUTUALS - PARTICIPATION CLAUSE WITHOUT CONTINGENT LIABILITY:** No Contingent Liability This policy is nonassessable. The policyholder is a member of the company and shall participate, to the extent and upon the conditions fixed and determined by the Board of Directors in accordance with the provisions of law, in the distribution of dividends so fixed and determined.

**MUTUAL - MEMBERSHIP AND VOTING NOTICE:** The insured is notified that by virtue of this policy, he or she is entitled to vote either in person or by proxy at any and all meetings of said Company. The Annual Meetings are held in this Home Office in Owatonna, Minnesota, on the third Tuesday of April in each year at ten o'clock A.M.

**In Witness Whereof,** the Company has caused this policy to be executed and attested, and as required by state law, its policy shall not be valid unless countersigned by a duly authorized representative of the Company.

Secretary

President

By

Authorized Representative \_\_\_\_\_

**Part 1: This Policy is valid only when a Businessowners Policy Declaration Form Part 2 is attached hereto**

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## BUSINESSOWNERS POLICY DECLARATIONS

Part 2

### SCHEDULE

<b>Described Premises:</b>	See Supplemental Declarations	
<b>PROPERTY</b>		
	<b>Coverage</b>	<b>Limits of Liability</b>
<b>Buildings:</b>		See Supplemental Declarations
<b>Business Personal Property:</b>		See Supplemental Declarations
<b>Deductible: \$500</b>	is the most we will deduct from any property and/or inland marine loss or damage in any one occurrence. This provision does not apply to loss caused by or resulting from earthquake or mine subsidence, if covered by this policy.	
<b>LIABILITY</b>		
	<b>Coverage</b>	<b>Limits of Liability</b>
<b>Liability:</b>		\$1,000,000
<b>Damage To Premises Rented to You: \$50,000 unless otherwise specified in the Supplemental Declarations</b>		
<b>Property Damage Liability Deductible: \$500</b>		

Forms and Endorsements attached at inception: See Schedule attached.

**Annual Premium:** \$2,522

**CERTIFIED ACTS OF TERRORISM PREMIUM:** \$17

THIS DECLARATIONS PAGE, WITH THE POLICY PROVISIONS PART 1, SUPPLEMENTAL DECLARATIONS, COVERAGE FORMS AND ENDORSEMENTS ISSUED TO FORM A PART THEREOF, COMPLETE THIS POLICY.